**AMENDMENT TRANSMITTAL LETTER**Docket No.
63116-00006USPTApplication No.
10/663225Filing Date
September 16, 2003Examiner
Toor, Sadaf A.Art Unit
3736

Applicant(s): Kenneth R. Stott et al.

Invention: USER INTERFACE FOR AUTOMATED DIAGNOSTIC HEARING TEST

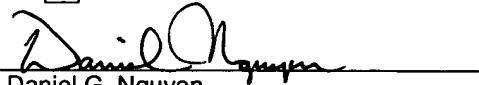
TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	54	- 50 =	4	x 25.00	100.00
Independent Claims	4	- 3 =	1	x 100.00	100.00
Multiple Dependent Claims (check if applicable)					<input type="checkbox"/>
Other fee (please specify): Extension for response within first month					60.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					260.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed. Checks in the amount of \$ 60.00 and 200.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 10-0447 as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Daniel G. Nguyen

Attorney Reg. No.: 42,933

Dated: February 22, 2005

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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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		Complete if Known	
		Application Number	10/663225
		Filing Date	September 16, 2003
		First Named Inventor	Kenneth R. Stott
		Examiner Name	Toor, Sadaf A.
		Art Unit	3736
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	
TOTAL AMOUNT OF PAYMENT		(\$) 200.00	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>10-0447</u> Deposit Account Name: <u>Jenkins & Gilchrist, a Professional Corporation</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
54	4	x 25.00	= 100.00	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
4	1	x 100.00	= 100.00	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
		- 100 = _____ /50 (round up to a whole number) x _____ = _____		

4. OTHER FEE(S)

SUBMITTED BY				
Signature			Registration No. (Attorney/Agent)	42,933
Name (Print/Type)	Daniel G. Nguyen		Date	February 22, 2005



I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to:
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450, on the date shown below.

Dated: 2/22/05 Signature: Daniel Hagen

Docket No.: 63116-00006USPT
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Kenneth R. Stott et al.

Application No.: 10/663225

Confirmation No.: 2119

Filed: September 16, 2003

Art Unit: 3736

For: USER INTERFACE FOR AUTOMATED
DIAGNOSTIC HEARING TEST

Examiner: Toor, Sadaf A.

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated October 19, 2004, please amend the above-identified U.S. patent application as indicated herein. This response is being timely filed with a request for a one-month extension of time.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 8 of this paper.

Amendments to the Drawings begin on page 17 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.

Remarks/Arguments begin on page 18 of this paper.

An **Appendix** including an amended drawing figures is attached following page 23 of this paper.

02/25/2005 RFEKADU1 00000048 10663225

02 FC:2201
03 FC:2202

100.00 DP
100.00 DP